

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: Nassau County Dept. of Public Works				
Address: 2 Marjorie Lane				
City: East Rockaway	State: NY	Zip: 11518		
Contact Name: Stu Cohen	Telephone: 516-476-3162			
REMOVAL CONTRACTOR: Gramercy Group Inc.				
Address: 3000 Burns Avenue				
City: Wantagh	State: NY	Zip: 11793		
Contact Name: Mr. Vincent Parziale	Telephone: 516-876-0020			
OTHER CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact Name:	Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Bay Park Sewage Treatment Plant				
Address: 2 Marjorie Lane				
City: East Rockaway	State: NY	County: Nassau		
Site Location:				
Building Size: 100,000 sf	# of Floors: 1	Age In Years: 55 Years		
Present Use: Commercial	Prior Use: Same			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Non-friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet ()				Ln Ft: Ln M:
Surface Area (Roofing/flashing)		29,430 SF		Sq Ft: X Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)	Start: 9/26/2016	Complete: 8/31/2017		
Schedules Dates Demo/Renovation (mm/dd//yy)	Start: 9/26/2016	Complete: 8/31/2017		

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be performed in accordance with New York State Industrial Code Rule 56 and applicable variances. Methods will include double bagging waste for disposal purposes.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacuums and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: GWEC Leasing Corp.

Address: 3000 Burns Avenue

City: Wantagh

State: NY

Zip: 11793

Contact Name:

Telephone: 516-876-0020

WASTE TRANSPORTER #2

WASTE TRANSPORTER #3

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone: 516-876-0404

WASTE DISPOSAL SITE

Name: 110 Sand and Gravel

Location: 136 Bethpage Spagnoli Road

City: Melville

State: NY

Zip: 11747

Telephone: 631-694-2822

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

9/12/2016

Date

I certify that the above information is correct.

Signature of Owner/Operator

9/12/2016

Date

DATE : 09/02/2016

AMENDED ASBESTOS ABATEMENT NOTIFICATION

U.S.E.P.A.

290 BROADWAY-21st Fl.

NEW YORK, NY 10007-1866

GENTLEMEN:

PURSUANT TO ARTICLES 61.22 SUB-DIVISION, THE FOLLOWING IS SUPPLIED IN REFERENCE TO ASBESTOS ABATEMENT PROJECT.

- 1) ABATEMENT CONTRACTOR: PAR ENVIRONMENTAL CORPORATION
313 SPOOK ROCK ROAD
SUFFERN, NY 10901 845-369-7500
- 2) OWNER'S NAME: MADISON AVENUE LEASE HOLD, LLC
ADDRESS: 767 3RD AVENUE-5TH FLOOR
CITY & STATE: NEW YORK, NEW YORK 10017
- 3) JOB SITE & LOCATION: 437 MADISON AVENUE-35TH, 39TH & 40TH FLOORS
NEW YORK, NEW YORK 10022 COUNTY: NEW YORK
- 4) GENERAL CONTRACTOR: N/A ADDRESS: CITY & STATE: PHONE:
- 5) DESCRIPTION OF BUILDING: (age/use): 40+ YEARS/ COMMERCIAL
- 6) SCOPE OF WORK: TO REMOVE APPROX.:
3030 SF / VAT & MASTIC 500 SF / SPRAY ON INSULATION
ADDITION TO SCOPE: 1,640 SF VAT/MASTIC
- 7) METHOD OF ABATEMENT: (FULL/PARTIAL ISOLATION, GLOVE BAG) INTERIOR FOAM
NYC DEP SITE SPECIFIC VARIANCE
- 8) ESTIMATED TIME OF START: 08/19/2016 FINISH: 12/30/2016
- 9) PROCEDURES: WORK AREA WILL BE PROPERLY ISOLATED. ASBESTOS CONTAINING
MATERIAL WILL BE WETTED, MANUALLY REMOVED & PUT IN DOUBLE 6 MIL. BAGS WITH
APPROVED WARNING LABELS. ALL REMOVAL, PERSONAL PROTECTION, DECONTAMINATION
PROCEDURES & ANY ASBESTOS RELATED PROCEDURES WILL BE FOLLOWED AS OUTLINED BY
E.P.A., O.S.H.A. & LOCAL REGULATORY AGENCIES.
- 10) LANDFILL NAME:
GROWS LANDFILL MINERVA ENTERPRISES LLC
1000 NEW FORD MILL ROAD 8955 MINERVA ROAD
MORRISVILLE, PA 19067 WAYNESBURG, OHIO 44688
- 11) TRANSPORTER NAME: VANDAN DISPOSAL
1009 GLEN COVE AVENUE
GLEN HEAD, NY 11545
- 12) AIR MONITORING LAB: AMERISCI ELAP #: 11480

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SIGNATURE OF OWNER/OPERATOR

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

SIGNATURE OF OWNER/OPERATOR

DATE

DATE